

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 / 587856 7-28-06

CLAIMS

	AS FILED		AFTER		AFTER	
	1 <sup>st</sup> AMENDMENT		2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
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TOTAL IND.			18			
TOTAL DEP.			1			
TOTAL CLAIMS			19			

	AS FILED		AFTER		AFTER	
	1 <sup>st</sup> AMENDMENT		2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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